	P	0	L	ı	С	Y						
					N C E				KANSAS PARTMENT ON AGING		FINAL	
	I S	S	U	A I	N C	E						
То:	Mar Trac Carr	tin Ke i War nen Se			Bill Joyc Tina Dav	McD e Sm Lang	gley ferty	Admini Alice Ki Bob Par Brad Ri Heidi B Mike Br	ker lley ırris	<u>rvices</u>	Licensure, Certification, and Evaluation Greg Reser Vera VanBruggen Susan Fout	
	Legal Joann Corpstein Greg Wright Susan Andrews				<u>iinist</u> Wia	t <b>ration on A</b> atr	ging	KHPA Sabrina Young Roxanna Namey Sharon Johnson		Provider Associations Shannon Jones, SILCK KACIL KAHSA KHCA/KCAL Craig Kaberline, K4A		
								Stakehold	<u>ers</u>			
	CME 01 Ruth Jones/Joseph Reardon/Loris CME 02 Annette Graham/Thomas Winters CME 03 Greg Hoover/Wilmer Severns CME 04 Jocelyn Lyons/Tom Ryan CME 05 John L. Green/Ralph L. Barclay CME 06 Dave Geist/Phyllis Haltom CME 07 Elizabeth Maxwell/Eugene Highbo								CME 08 Julie Govert-Walter/J.M. Frey CME 09 Karen Wilson/Allison Mueller CME 10 Jodi Abington/Don Bales CME 11 Dan Goodman/Michael B. Press/Annabeth Surgaug CME 5790 Stepping Stones Unlimited, LLC CME 5999 Legacy Case Services			
Field S From: Date:		y Sam		FS 20	10-02							
RE: H	Iome a	nd Co	mmun	ity-Bas	sed Serv	ices 1	for the Frail I	Elderly (HCE	S/FE)			
	ion crit	teria fo	or Ass	istive T							reflect KDOA's current policy on crisis ep Cycle Support services and to clarify	
Check	Appro				y Proce	ss [	☐ KD0	OA/KHPA Po	olicy Proce	ss [	Expedited Policy Process	
Policy	Imple		ation 7 DOA	Γhroug	h:	]	КНРА		MMIS Fis	cal Ager	nt (HP Enterprise Services)	
KDOA KHPA					<u>Lauı</u> <u>N/A</u>	a Gra	aham (785-29	96-7195) and	Krista Eng	gel (785-2	296-0385)	
Relate Related K.A.R If yes:	d Polic . <b>Char</b> Wha	y Nun <b>ige Re</b> it Refe	nber(s e <b>quire</b> erence	): <b>d?</b>	FS 2 No	<u>010-</u>	<u>01</u>				Section 3.5 Form ange? No	

Proposed effective date

State F	Plan Change Required?	<u>No</u>			
If yes:	What section #(s) Submission Date:		Transmittal Number (TN): Supersedes Transmittal Number:		
	Submission Date.		Supersedes Transmittai Number.		
Waive	r Amendment Required?	<u>No</u>			
Routin	g Information:				
	Internal Route Date:	<u>N/A</u>	Internal Comments Due Date:	<u>N/A</u>	
	Field Route Date:	<u>N/A</u>	Field Comments Due Date:	<u>N/A</u>	
	KHPA Route Date:	<u>N/A</u>	KHPA Comments Due Date:	<u>N/A</u>	
	KHPA Approval Date:	<u>N/A</u>	KDOA Approval Date:	<u>N/A</u>	
Traini	ng Required?				
	KDOA Central Office:	<u>No</u>	KDOA Field Staff:	<u>No</u>	
	AAA Staff:	<u>No</u>	Contracted Case Managers:	<u>No</u>	
	Customer Education:	<u>No</u>			
Final I	<b>Policy:</b> This form is effecti	ive immediately.			
	Approved	Disapproved			
	/s/				
Secreta	ary of Aging				
	March 1, 2010				
Date	1,141011 1, 2010				